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# BLADDER HYPERTROPHY AND DEVERNATION INDUCE A SELECTIVE DEFICIT IN M3 RECEPTOR PROTEIN BUT NOT M3 RECEPTOR RNA

### Aims of Study

Previous studies in the rat showed that experimental pathologies inducing bladder hypertrophy alter the muscarinic receptor subtype mediating contraction from  $M_3$  towards  $M_2$ . In addition, the density of the  $M_2$  receptor protein increased with hypertrophy while the density of the  $M_3$  receptor decreased. We quantified mRNA for  $M_1$  through  $M_5$  transcripts to determine whether the changes in  $M_2$  and  $M_3$  mRNA are reflected by changes in protein concentration.

### <u>Methods</u>

The density of  $M_2$  and  $M_3$  receptor protein was measured by subtype selective immunoprecipitation (IPPT). Transcripts for  $M_1$ - $M_5$ , and two housekeeping genes, L32 and GAPDH, were quantified using a multiplex ribonuclease protection assay (RPA) such that all 7 transcripts were quantified from a single sample of RNA in a single lane of an electrophoresis gel. To separate bladder denervation from its associated hypertrophy, the following experimental groups were studied:

- major pelvic ganglion electrocautery (DEN, n=8) which results in both bladder denervation and hypertrophy,
- major pelvic ganglion electrocautery with bilateral ureteral diversion (DEN-DIV, n=8) which results in denervation without bladder hypertrophy,
- bladder outlet obstruction to the size of a 21 gauge syringe needle (BOO, n=5) which results in hypertrophy and perhaps some degree of denervation,
- major pelvic ganglion decentralization (DEC, n=6) which results in hypertrophy but is different than DEN in that the neural connections from the MPG to the bladder remain functionally intact,
- bilateral ureteral diverted (DIV, n=9) which results in atrophy,
- normal (n=7), and
- sham (n=7).

## <u>Results</u>

Total and  $M_2$  receptor protein density was decreased in the DIV and DIV-DEN groups and increased in the hypertrophied groups (DEN, BOO and DEC).  $M_3$  receptor protein concentration was decreased in all groups except BOO. The receptor transcripts were not normalized to the housekeeping genes since the density of the transcripts for the housekeeping genes varied widely between groups. Receptor transcripts were expressed per 20 µg total RNA which was constant for each sample. Transcripts for all 5 receptor subtypes were detected in all groups.



The densities of  $M_1$ ,  $M_4$ , and  $M_5$  were much lower than for the  $M_3$  subtype. There were more  $M_2$  receptor transcripts than all the others, consistent with  $M_2$  protein determinations.  $M_2$  transcripts were significantly increased in DEN compared to sham, DEN-DIV and DIV. Surprisingly,  $M_3$  transcripts were also significantly increased in DEN compared to sham, DEN-DIV, and DIV, and increased in BOO bladders compared to DEN-DIV and DIV. No differences in  $M_1$ ,  $M_4$ , or  $M_5$  transcript densities were found. The  $M_2$  receptor protein density was significantly correlated with the  $M_2$  receptor transcript densities (R=0.95, p=0.0013) while there was no significant correlation between the density of  $M_3$  receptors and  $M_3$  transcripts (R=0.16, p=0.73). The denervated and decentralized bladders had a decrease in the density of  $M_3$  receptor protein.

#### **Conclusions**

For the  $M_2$  receptor, changes in mRNA density correspond to changes in protein density, conversely, changes in  $M_3$  receptor mRNA density are not reflected by changes in  $M_3$  protein density. It appears that with increasing hypertrophy there is an increase in the density of the  $M_2$  receptor subtype and consequently the  $M_2$  receptor mRNA. Thus the clinical use of anticholinergics that selectively target the  $M_2$  receptor subtype may not only result in less  $M_3$  mediated side effects, such as dry mouth, but also more effectively suppress the  $M_2$  mediated urinary bladder hyperactivity.